

PROSPERITY

|  |       |                      |
|--|-------|----------------------|
|  |       | Subclass             |
|  | Class | ISSUE CLASSIFICATION |

PATENT NUMBER

**U.S. UTILITY Patent Application**

|         |          |      |             |
|---------|----------|------|-------------|
| MR      | O.I.P.E. | LA   | PATENT DATE |
| HS      | 5863     |      |             |
| SCANNED | G.O.A.   | 10/1 |             |

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|------------------------------|-----------------|----------------------------|------------------------|----------------------------------|--------------------------------|
| APPLICATION NO.<br>09/986313 | CONT/PRIOR<br>F | CLASS<br>334<br><i>(7)</i> | SUBCLASS<br><i>202</i> | ART UNIT<br><i>2017<br/>2858</i> | EXAMINER<br><i>[Signature]</i> |
|------------------------------|-----------------|----------------------------|------------------------|----------------------------------|--------------------------------|

Yukihiko Tanizawa 334

Employee compensation is determined by the number of hours worked, the type of work performed, and the level of responsibility.

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## **ISSUING CLASSIFICATION**

Continued on Issue Slip Inside File Jacket

| □ TERMINAL DISCLAIMER   | DRAWINGS                          |             |            | CLAIMS ALLOWED             |                      |
|---|-----------------------------------|-------------|------------|----------------------------|----------------------|
|   | Sheets Drwg.                      | Figs. Drwg. | Print Fig. | Total Claims               | Print Claim for O.G. |
| <input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.                      |                                   |             |            | NOTICE OF ALLOWANCE MAILED |                      |
|   | (Assistant Examiner) _____ (Date) |             |            |                            |                      |
| <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____ |                                   |             |            | ISSUE FEE                  |                      |
|   | (Primary Examiner) _____ (Date)   |             |            | Amount Due                 | Date Paid            |
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